

Testimony in Support of H.R. 1426, the Consumer Assurance of Radiologic Excellence Bill

**House Energy and Commerce Committee, Subcommittee on Health
“Use of Imaging Services: Providing Appropriate Care for Medicare Beneficiaries”
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**Delivered by Lynn May, Chief Executive Officer
American Society of Radiologic Technologists
15000 Central Ave. SE, Albuquerque, NM 87123-3917
800-444-2778 phone, 505-298-5063 fax
www.asrt.org**

Mr. Chairman and members of the Committee, my name is Lynn May, and I am the chief executive officer of the American Society of Radiologic Technologists. On behalf of ASRT’s members, thank you for the opportunity to contribute to this dialogue on the quality, safety and cost of medical imaging procedures.

The ASRT represents more than 121,000 radiologic technologists, the health care professionals who perform medical imaging examinations. Radiologic technologists are non-physician health professionals. They work closely with physicians in a variety of medical settings, ranging from imaging departments and cardiac cath labs in hospitals to outpatient x-ray clinics. The images radiologic technologists produce can be the best tool a physician has to diagnose disease, detect injury and direct treatment.

Radiologic technologists operate some of the most complex equipment in the medical field, including MRI units, CT scanners and gamma cameras. However, this amazing technology is ineffective in the wrong hands. That’s because the quality of any medical image is directly linked to the skill and competence of the person performing the exam. Individuals must have extensive education and training to perform the exam correctly. Accurate medical imaging leads to an accurate diagnosis, which leads to a better outcome for the patient.

Unfortunately, tens of thousands of people who perform medical imaging in this country are not qualified to do so. They have no formal education in the field, and they have no certification, license or credential in the profession. That's because Washington, D.C., and nine states around the country do not regulate the people who use diagnostic imaging equipment. In some states, a person can go from a job operating a forklift one day to a job operating a CT scanner the next, with no training in between. And even in states where there are regulations and laws, they vary so widely that there is no guarantee that personnel are qualified. In many places, a hairdresser is more highly regulated than a nuclear medicine technologist.

The lack of a minimum educational and credentialing standard for operators of imaging equipment poses a danger to American patients. That's why the ASRT and 30 other health, science and patient organizations support the passage of the Consumer Assurance of Radiologic Excellence bill, or CARE bill.

I would like to thank Representative Pickering for demonstrating his commitment to quality health care by introducing the CARE bill, H.R. 1426. The bill currently has 129 cosponsors. The bill sets minimum federal standards of education and credentialing for the personnel who perform medical imaging examinations. To receive reimbursement with federal health care funds for imaging procedures, states would be responsible for regulating technologists according to those standards.

The CARE bill will improve medical imaging in three important ways.

- First, the CARE bill will improve quality. Doctors and patients rely on medical imaging for accurate diagnosis, treatment and cure. But any imaging procedure is only as effective as the person performing it. An exam won't reveal a broken bone or a diseased organ if the person using the equipment doesn't know the basics of anatomy, exposure and technique.

Poor quality exams can lead to additional testing, delays in treatment and unnecessary anxiety for the patient.

The Mammography Quality Standards Act is evidence that this approach works. Under MQSA, the personnel responsible for performing x-ray examinations of the breast must meet educational, credentialing and experience requirements. A study in Michigan concluded that breast cancer detection improved by one-third with a quality program that included educated and credentialed mammographers.¹

The ASRT supports MQSA. The CARE bill would not alter MQSA in any way. But the CARE bill will ensure quality in ALL types of imaging exams, not just mammograms. Of the millions of medical imaging tests performed every year in the United States, only 10 percent of them are mammograms covered by MQSA. People undergoing general x-ray exams to detect pneumonia or MR scans to diagnose a brain tumor should have the same guarantee of quality that MQSA offers to women undergoing mammography.

- Second, the CARE bill will improve safety. When an x-ray exam has to be repeated because of improper positioning or poor technique, the patient receives double the radiation dose. Overexposure to radiation can cause cancer, shorten lives and cause birth defects in future generations. A June 2005 Public Health Service report listed radiation as a carcinogen and concluded that: “there is no dose of radiation, however low, that can be deemed completely safe.”² Medical radiation should always be used judiciously and only when the benefit to the patient outweighs the risk. Taking an x-ray or CT scan involves much more than just pushing a button. Patients could be injured or even killed if this equipment is not used properly.

- And third, the CARE bill will reduce health care costs. Repeated imaging examinations cost the U.S. health care system millions of dollars annually in needless medical bills. More than

300 million medical imaging procedures are performed in the United States every year. If just one-half of one percent of those images is performed improperly, more than 4,000 defective medical images would be produced every single day. And the federal government pays for many of those mistakes. Medicare spent approximately \$9.3 billion on medical imaging in 2003. The average repeat rate for imaging exams is 5.5 percent. If we can reduce the number to 4.5 percent, then Medicare would save more than \$90 million a year.

In March of last year, the Medicare Payment Advisory Commission issued a report that recommended the establishment of standards for personnel who perform medical imaging. The MedPAC report stated, “Providers vary in their abilities to perform quality imaging procedures. Poor-quality studies can lead to repeat tests, misdiagnoses, and improper treatment. Establishing national standards for imaging services would increase diagnostic accuracy and reduce the need for repeat tests, thereby improving quality of care and helping to control Medicare spending.”³

The safety, quality and cost of medical imaging procedures affects us all. Only competent personnel should be allowed to perform these procedures. H.R. 1426, the CARE bill, will ensure a minimum level of education, knowledge and skill for those who are responsible for medical imaging. On behalf of 121,000 ASRT members and the millions of patients they serve, I ask the committee to move this bill forward.

Thank you.

References

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2. U.S. Department of Health and Human Services, Public Health Service, National Toxicology Program. *Report on Carcinogens, Eleventh Edition*. Washington, D.C.; 2005.
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